

## City of La Porte **Emergency Medical Services**



## Ray Nolen Chief

## **Ambulance Permit Application & Inspection Form**

## Ambulance inspection fees and permits are non-transferable.

A non-refundable permit fee of fifty dollars (\$50.00) per application is due at the time of each application.

Check, Money Order or Credit Card will be accepted payable to the City of La Porte.

Date:	Receipt #:	
1. Company Information		
Firm Name:		
Firm Address:		
City Permit Year:	Year:	
State Permit #:	Model:	
Exp Date :	VIN#:	
BLS ALS MICU	License #:	
Unit # Type:		
2. Rules and Regulations: <ul> <li>a. Business name and unit number appears on each si rear of ambulance in letters not less than three (3) incheheight and 1/2 inch in stroke.</li> </ul>		No 
b. Current motor vehicle inspection sticker		
c. Have the name of the provider and a current departr EMS provider license number prominently displayed on of the vehicle in at least 2 inch lettering. The letters TX the license number.	both sides of	
d. Current motor vehicle license plate front and rear		
e. Functioning headlights, taillights, back-up lights, bra horn, audible warning device, emergency lights, brakes other lights and devices installed on unit.		

	Yes	No
f. Floor plan permitting rear loading of patient, securing of stretcher and lead forward design with additional space for		
extra supine patient capable of being secured.		
g. Two functional patient compartment doors, one curbside and one rear.		
h. A patient compartment seat with a safety belt, which allows direct access to the primary patient.		
i. Functional and intact patient compartment windows.		
j. Functional heating and air conditioning front and rear.		
k. Leak free exhaust system that discharges to the side of the vehicle away from door openings and fuel filler.		
I. One five (5) pound ABC fire extinguisher mounted and easily accessible in the front of the cab.		
m. No smoking sign in the vehicle cab compartment.		
n. No smoking sign in patient compartment visible from either entry door.		
o. Three 30-minute road flares or reflective triangles.		
p. One functional flashlight (excluding penlights).		
<ol> <li>Basic Life Support Unit:         All equipment must be clean and sterile (if applicable).         Manufacturer equipment must be complete.     </li> </ol>	Yes	No
a. One each small, medium, large, pedi and infant C-collars.		
b. Portable suction with appropriate tubing and suction tip.		
c. On-board suction with appropriate tubing and suction tip.		
d. One each adult, child and infant bag-valve mask with mask.		
e. Complete set of oropharyngeal Airways.		
f. On-board oxygen supply with minimum 500 PSI and operative liter dispensing unit.		
g. Adequate tubing and masks in adult, child, and infant sizes.		
h. One portable oxygen unit with minimum 800 PSI.		

i. Two clean bite sticks.	Yes	No
j. Two multi-trauma dressings approximately 10 x 30 inches.		
k. One dozen soft roller bandages.		
I. Four rolls of adhesive tapes minimum 1/2 inch in size.		
m. Minimum of 5 dozen sterile 4 x 4 gauze pads.		
n. Minimum of 6 sterile occlusive dressings.		
o. Four sterile burn sheets.		
p. One traction splint with all attachments for adult and child or adult traction splint and one child traction splint.		
q. Splints 15, 36 and 48 inches in length, may be padded cardboard aluminum, inflatable, wire or commercial frac pac		
r. One long spine board and one short spine board or commercial substitute.		
s. One dozen triangular bandages.		
t. Two pair bandage shears.		
u. Sterile sealed obstetrical kit.		
v. Non porous infant insulating device.		
w. One AED		
x. One stethoscope		
y. One adult, child, and infant sphygmomanometer		
z. One multi-level stretcher with 2 clean sheets, blankets and pillow cases.		
aa. Two-way radio or telephone communications with hospital.		
bb. Fire extinguisher, at least one quart chemical type mounted and easily accessible in patient compartment.		
cc. Other equipment as required by protocols.		
dd. Current signed copy of protocols.		
ee. Current emergency response guidebook.		
ff. Cross contamination kit or equivalent.		

4.	Advanced Life Support Unit Includes all basic equipment and:	Yes	No
	<ul> <li>a. IV fluids with administration sets in quantities and types specified by protocols.</li> </ul>		
	b. Two 50% dextrose		
	c. ET tubes with laryngoscope and blades as required by protocols.		
	d. IV catheters and butterflies in quantities and sizes as required by protocols.		
	e. Other equipment as required by protocols.		
5.	Mobile Intensive Care Units: Includes all basic and ALS equipment.	Yes	No
a. Drugs as requ	a. Drugs as required by protocols.		
	b. EKG monitor and defibrillator		
	c. Pedi adaptor paddles		
	d. Electrodes and at least one spare battery		
Pa	assed Failed	Conditional	_
Сс	omments:		
Ins	spector Firm Representative		